Notice of Privacy Practices & Release of Information

This document describes how Rubi Health uses and protects your health information, and allows you to authorize release of your records when needed.

§ Notice of Privacy Practices (NPP)

Effective Date: January 1, 2025 · Rubi Health

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Who We Are

Rubi Health is a women's health telehealth and concierge practice serving patients in Michigan, Arizona, and additional states where our providers hold licensure. We are committed to protecting your health information and are required by law to do so under HIPAA.

How We May Use and Disclose Your Health Information

› **Treatment:** We may share your health information to provide and coordinate your care, including with labs, pharmacies, and other treating providers.

› **Payment:** We may use and disclose your information to obtain payment for services rendered, including billing insurance companies and processing claims.

› **Healthcare Operations:** We may use your information for quality assessment, provider credentialing, training, compliance reviews, and business management.

› **Appointment Reminders:** We may contact you by phone, text, or email to remind you of appointments or follow-up care.

› **As Required by Law:** We will disclose your health information when required by federal, state, or local law, including reporting to public health authorities and in response to court orders.

› **Emergencies:** We may share your information in an emergency to protect the health and safety of you or others.

Your Rights Regarding Your Health Information

› **Right to Access:** You may inspect and obtain a copy of your medical records within 30 days of request.

› **Right to Amend:** You may request correction of information you believe is inaccurate or incomplete.

› **Right to Restrict:** You may ask us to restrict how we use or disclose your information. We are not required to agree, except in limited circumstances.

› **Right to Confidential Communications:** You may request we communicate with you in a specific manner or at a specific location.

› **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with Rubi Health or with the U.S. HHS Office for Civil Rights. We will not retaliate.

Contact & Complaints

Privacy Officer: info@startrubi.com · 1-855-444-RUBI · startrubi.com HHS Office for Civil Rights: www.hhs.gov/ocr/privacy or 1-800-368-1019

Acknowledgment of Receipt

■ **Acknowledgment:** I have received, read (or been offered the opportunity to read), and understand the Rubi Health Notice of Privacy Practices described above.

PATIENT FULL LEGAL NAME * _____ DATE OF BIRTH * _____ SIGNATURE (TYPE FULL NAME) * _____ DATE * _____

REPRESENTATIVE NAME (IF APPLICABLE) _____ RELATIONSHIP / AUTHORITY _____